



**CERTIFICATE OF ELIGIBILITY FOR VETERANS DRIVER'S LICENSE/IDENTIFICATION CARD**

**INSTRUCTIONS:**

- This application is for a Veteran or Disabled Veteran Driver's License or State of Georgia Identification Card as provided for in Chapter 5 of Title 40 of the Official Code of Georgia Annotated.
- **PART I:** Veteran and/or spouse must complete and sign it in the presence of a representative of the Georgia Department of Veterans Service (GDVS).
- **PART II:** To be completed by GDVS.
- Official records must be presented to support residency and service claims.
- Take completed form to the Department of Driver Services (DDS) Customer Service Center. In addition to identification verification, DDS may review the documentation presented to GDVS in obtaining the certification.

**PART I**

Check the appropriate box:

- |  |  |
|--|--|
| <input type="checkbox"/> I am a veteran and have been a resident of the State of Georgia for 2 or more consecutive years prior to the date of this application.          | <input type="checkbox"/> I am the lawful spouse of the disabled veteran identified below.  |
| <input type="checkbox"/> I am a disabled veteran and have been a resident of the State of Georgia for 2 or more consecutive years prior to the date of this application. | <input type="checkbox"/> I am the surviving spouse of a deceased veteran and I have not remarried.   |
|  | <input type="checkbox"/> Prior to death, the identified deceased veteran was a resident of the State of Georgia for 2 or more consecutive years prior to the date of this application. |

**Applicant**

**Deceased or Disabled Veteran's Information**

<p>_____ First Name                      Middle                      Last Name</p> <p>_____ Current Address: (Street)      (City)      (State)      (Zip)</p> <p>_____ Current GA Driver's License No.                      SSN#</p> <p>_____ Date of Birth (mm/dd/yy)                      State of Birth</p> <p>_____ SVC#                      Active Duty Start Date                      Separation Date</p> <p>_____ Branch of Service                      Type of Discharge</p> <p>Legal Residence at Time of Entry on Active Duty: _____ (Street)                      (City)                      (State)                      (Zip)</p>	<p>_____ First Name                      Middle                      Last Name</p> <p>_____ Date of Birth (mm/dd/yy)                      State of Birth</p> <p>_____ Date of Death (mm/dd/yy)</p> <p>_____ Current GA Driver's License No.                      SSN#</p> <p>_____ SVC#                      Active Duty Start Date                      Separation Date</p> <p>_____ Branch of Service                      Type of Discharge</p> <p>Legal Residence At Time of Entry On Active Duty: _____ (Street)                      (City)                      (State)                      (Zip)</p>
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**PART II**

**CERTIFICATION:** The information in PART I has been verified from the following official records:

_____ Supporting Document	_____ Dates of Residence	_____ From	_____ To
_____ Supporting Document	_____ Dates of Residence	_____ From	_____ To

Active duty includes wartime service                      Yes (Free DL/ID Card)                       No (Normal DL/ID Fee Applies)

"I certify the information provided by me on this application is true and correct."

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

State and federal law provide severe penalties, to include fines, imprisonment, or both, for the willful submission of any false statement or evidence of a material fact.

"This is to certify the applicant meets the requirements to qualify for the Veterans Driver's License as provided for in Chapter 5 of Title 40 of the Official Code of Georgia Annotated."

\_\_\_\_\_, Commissioner, GDVS  
By \_\_\_\_\_  
(Name of GDVS Representative)

Office Address \_\_\_\_\_

Date: \_\_\_\_\_